PAROTITIS FOLLOWING APPENDECTOMY.

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IN the December, 1904, number of the ANNALS OF SURGERY, Brennan Dyball reviewed the literature and discussed the probable etiology and pathology of parotitis secondary to operative procedure upon the pelvic and abdominal viscera. Therefore, it is not the purpose of the writer of this paper to deal with this phase of the subject, except in comparing observations and arriving at conclusions from a study of the following two cases:

CASE I.—H. B., aged thirty-four years; occupation, teacher; family history negative; personal history, had the acute diseases of childhood (including acute parotitis); had an attack of appendicitis one year previous, was relieved by medical treatment; was admitted to Our Saviour's Hospital giving a history of an illness of twelve hours' duration, diagnosis, recurrent appendicitis. Operative procedure confirmed the diagnosis, the wound was closed without drainage, and the patient returned to bed in excellent condition. During the four days following the operation the patient's condition evidenced an uneventful recovery, but upon the fifth day he complained of pain in the region of the right parotid; examination revealed a slight swelling, which progressed, remaining confined to the parotid until the tenth day following the operation, when incision was made into the parotid and a quantity of pus evacuated; the wound was drained and allowed to close by granulation. At no time following the operation was there any indication of pus at the site of the abdominal wound. Patient was discharged cured at the end of five weeks.

CASE II.—C. C., aged twenty years; occupation, student; family history negative; personal history, had the acute diseases of childhood (including acute parotitis). Present illness was directly traceable to an injury received in a foot-ball game three weeks previous to being admitted to Our Saviour's Hospital. At

the time of injury, the patient was removed from the field, and for some time allowed to lie upon the ground exposed to the inclemency of the weather. Examination revealed tenderness and tympanites over the lower half of the abdomen, with marked tenderness at McBurney's point; a diagnosis of appendicitis was made and operative measures advised. My colleague, Dr. J. W. Hairgrove, was called as a consultant and confirmed the diagnosis and, with my assistance, operated upon the patient. Immediately upon opening the abdomen, there was evidence of a diffuse inflammatory condition; the appendix was reached with great difficulty; the wound was drained, and the patient returned to bed in fair condition; the bowels moved freely twelve hours following the operation, and continued to do so until death, upon the fifth day. While there was marked evidence of peritonitis at the site of the wound, I am reasonably certain that it was localized and the drainage was adequate. During the third day following the operation, the patient became restless, complained of an intense thirst, and at intervals was slightly delirious. The abdominal wound was examined and found to be in a satisfactory condition. Four hours from this time, I was called, and found the patient in a most distressing condition. There was a marked increase in the pulse-rate, rapid respiration, a semidelirious restlessness, and in the region of the right parotid was a pronounced swelling; this swelling was not confined to the parotid, the adjacent tissues being early involved. The left parotid soon became involved in a similar manner, and from these foci of infection I have never seen a more rapidly extending inflammatory condition than followed; the tissues of the neck and face became rapidly involved; the patient assumed a most unsightly appearance; the symptoms of septicæmia became more and more pronounced, and death occurred early on the fifth day following the operation.

It is needless to consume space in discussing the theories and observations of others regarding secondary parotitis; Dyball has so recently and ably disposed of this part of the subject that I now wish to simply add my conclusions.

I believe parotitis secondary to traumatism or disease of the abdominal or pelvic viscera to be due to infectious material conveyed by the blood-stream from the primary focus of

infection to the parotid. The locus minoris resistentiæ is explained by the fourth statement in the classification of reflex actions by Kuss. "Those in which both centripetal and centrifugal nerves are of the sympathetic system, as, for example, the obscure actions which preside over the secretion of intestinal fluids, those which unite various generative functions and many pathological phenomena."